## **APPLICATION FORM FOR ADDITION / DELETION**

Employee Code

- 1. NO. OF CGHS IDENTITY CARD
- 2. NAME OF THE GOVT. SERVANT
- 3. MINISTRY/OFFICE IN WHICH WORKING -

## 4. NEW ADDITION/DELETION

Sl.no.	Name	Date of Birth	Relation
		a.	

## 

Date :

6. SIGNATURE AND DESIGNATION OF : \_\_\_\_\_\_ ISSUING AUTHORITY / SEAL